



# CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT  
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

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Mayor Mark D. Boughton  
City Council  
155 Deer Hill Avenue  
Danbury, CT 06810

July 25, 2016

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The June 2016 Health & Human Services Department monthly report is provided for your review. Detailed reports are attached for each Service, including the Housing, Food Service, Lead Poisoning Prevention, Social Services transition, TB/STD Clinic, Seasonal Work, School Based Health Centers operations and Environmental Health which identify specific inspections, tasks and hours provided by our staff.

### Main Topics:

The Department also continues to work on the computer systems to test and update our inspector's programs to produce reports so the public may have access to inspection results and improve partnerships with the Hospital and other medical clinics to improve services have continued as well. Continued work and preparation for Grant Funding, Public Health Emergency Response plans, CTDP Epidemiology Program follow-up, Mosquito Control, Water Sampling, Health Care facilities, Regional Partners and EMS.

Grants from the State were reviewed and meetings conducted to ensure some level of funding / carryover for our critical programs was completed. Research on Grant opportunities are being explored in light of decreases for our programs.

You are encouraged to review all the information for each Division, as it provides details concerning ongoing activities. Also, I thank you for giving the Health & Human Services Department the opportunity to serve the Citizens of Danbury and feel free to contact us with any questions you may have.

Sincerely,

Scott T. LeRoy, MPH, MS  
Director of Health & Human Services



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TO: Mayor Boughton and City Council

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FR: Social Services

RE: Activities during June, 2016

## **Mission Statement:**

Our Social Services seek to provide the community and its residents with access to municipal and community social services in an expeditious, cost effective and comprehensive manner. Efforts are focused on improving access to housing and emergency shelters; improving access to medical care and coverage and improving social conditions for residents via collaboration and advocacy at the local, state and federal level by identifying and working to create systems of resources that are inclusive of all residents/clients in need.

The following are the highlights from our Social Services activities for June, 2016:

1. Our Housing Caseworker managed approximately 54 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 710 visits from homeless individuals or those at risk of becoming homeless (this includes weekend service meetings).

The breakdown of visits include the following:

- a. Initial Assessments(new clients): 10
- b. Action Plan Development: 0
- c. Veteran Referrals: 1
- d. Referrals to Cash Assistance: 0
- e. Bus Tickets: 1
- f. Housing Related Issues: 0
- g. Housing Placement: 0
- h. Job Searches: 1\*\*
- i. Employment inquiries: 1
- j. Case Management Services: 11
- k. Showers: 150
- l. Lunch: 350
- m. Mental Health Referrals/Case Management: 3\*
- n. Adult Medical Referrals: 5
- o. Phone Usage: 7
- p. Substance Abuse Referrals/Case Management: 55\*
- q. Clothing Vouchers: 1
- r. Other: 114



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\*MCCA counseling services have **RESUMED** on Saturday and Sunday from the hours of 9:00am – 3:00pm. 3 In-house counseling referral and case management services at the Day Center are also provided Monday through Friday.

\*\* Providing computer access in Emergency Shelter for job placement and availability.

1. Receiving weekly food donations from arrangement with Community Plates.
2. Attended one (1) meeting of the Community Food Collaborative meeting at United Way.
3. Updating VA Grant per diem for VA representative to discuss summary reports, discharge amendments and plan of action reports for each veteran stay regarding the per diem veterans grant.
4. Meeting with Shelter Coordinator to discuss changes and new required documentation intake forms, vulnerability reports/intakes for Coordinated Access and updating VA forms.
5. The local community CoC has gone “live” for Coordinated Access at the Emergency Shelter on October 27, 2014. 3 appointments will be conducted Monday-Friday at the Emergency Shelter at 8:30am, 9:30am and 10:15am. Interviews with families will be conducted at 11:30am at the Women’s Center, Monday, Tuesday and Thursday. Ongoing appointments made with all local homeless clients staying at all 4 shelters in the community.
6. Attended one (1) meeting of the Continuum of Care.
7. Community Health Clinic has been conducting two clinics per week; medical and behavior clinics at the Emergency Shelter.
8. Attended four (4) meetings of the Community Care Team (CCT) of all community agencies, services and emergency services (Danbury Hospital, Danbury Police, Danbury EMT), to discuss chronic homeless clients in the community.
9. Attended Housing Placement Committee meeting. Catholic Charities has received 10 vouchers for re-entry of chronic homeless individuals with long records of incarceration (the old FUSE program). Initiating meetings with landlords for housing opportunities.
10. Attended Danbury Food Collaborative meeting. United Way grant writer to be submitting grant for the Collaborative this summer.
11. Attended one (1) meeting of the Housing First Committee.
12. Attended meeting with Director of Project Excellence (Mr. Nocera), for any projects that can benefit the Homeless Shelter.
13. Attended Farmers’ Market meeting in preparation for June 25<sup>th</sup> opening day.
14. Completed quarterly report for Va Grant Per Diem Program.
15. Attended Fair Housing Summit at UConn School of Law, June 9<sup>th</sup>.
16. Attended meeting by the Partnership for Strong Communities in Hartford, June 8<sup>th</sup>.
17. Conducted meeting with VA liaison in Danbury on June 7<sup>th</sup>.
18. Listened/participated in several webinar regarding homeless youths, transgender adults, Department of Housing, etc.
19. Attended meeting with the Department of Housing staff and Commissioner Klein to discuss funding of the City Homeless Shelter.
20. Placed applications for additional funding sources for homeless shelter.



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## School Based Health Centers (SBHCs) Monthly Operating Report June 2016

**Brief Program Description:** The School Based Health Centers (SBHCs) are freestanding medical centers, located on the grounds of Broadview and Rogers Park Middle Schools, Danbury High School, Henry Abbott Technical School and Newtown Middle School.

The SBHCs promote the physical and mental health of children and youth and ensure their access to comprehensive primary and preventive health care. SBHCs emphasize early identification of physical and mental health concerns and the prevention of more serious problems through early intervention.

**Mission:** Through improved access to care, children and adolescents will know and adopt behaviors that promote their health and well-being and experience reduced morbidity and mortality through early identification intervention.

### Patient Utilization Data for Period June 1, 2016 – June 24, 2016: (Note: Data is for all sites combined and cumulative through noted period)

	DHS, BMS, RPMS (DPH Funded)
Total # of Students Enrolled in all Schools	4,963
Total # of Patients Enrolled in the SBHCs	4,298
% of Total School Population Enrolled	87%
Total # of Patient Visits	5,738
Total # of Medical Visits	3,046
Total # of Behavioral Health Visits	2,044
Total # Dental Visits	648

### Program Snapshot: Activities/Meetings held June 1, 2016 – June 24, 2016:

#### M. Bonjour - SBHC Manager

06/08/16 – 06/24/16 – Conducted annual performances evaluations on all SBHC staff.

06/01/16 – Held a telephone conversation with Deb Zahn, a consultant from the Primary Care Development Corporation assigned to work with Community Health Center Association of CT Inc. (CHCACT) to assist with implementation of A-SBIRT in SBHCs. Discussion included practicality of implementing A-SBIRT and existing SBHC relationship with community based substance abuse treatment referral sources.

06/01/16 & 06/08/16 – Participated in the monthly CIFC QI/QA Committee meetings, GDCHC 57 North Street.



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06/01/16 & 06/22/16 – Met with K. Curran, COO and A. Maloney, Outreach & Assistant Coordinator to plan for use of 5 mobile van to provide community-based school and sports physicals on select dates in August.

06/01/16 – Attended the City of New Haven Wellness Summit as a representative of CT's SBHCs.

06/02/16 – Participated in Community HealthCorps Program Update conference call on recent developments with the community HealthCorps program, led by Rashad Collins, Program Supervisor, CHCACT.

06/03/16 – Lead Elizabeth Marcelli, incoming CIFIC Chief Financial Officer, through a tour of the RPMS SBHC.

06/07/16 – Attended a local Immunization Action Program Committee meeting held at Danbury Visiting Nurse Association. CT Vaccine Program updates including 2016 CDC requirements and CIRTS Registry Updates were discussed.

06/08/16 – Attended an oral health advocacy training lead held at CIFIC and lead by Deb Polun, Government Relations Director, CHCACT.

06/09/16 – Joined a “*CyberSecurity for Computer Users*” webinar presented by Ed Davis, CIFIC IT Director.

06/13/16 – Interview Kaitlyn O'Brien, a Quinnipiac University APRN student to discuss a possible summer and fall internship research placement with CIFIC's SBHCs.

06/13/16 – Participated in a CT Patient Centered – SBHC conference call with Maia Bhirud of the Primary Care Development Corporation and lead consultant to the pilot project. Assessment of the SBHCs ability to meet PCMH standards was discussed.

06/14/16 – Attended a meeting of the CT Dental Sealant Advisory Group held at the CT Behavioral Health Partnership, Rocky Hill, CT. Agenda items included a presentation of the Hartford School Based Dental Program Board of Education Model and a School-Safety Planning presentation given by Jesse White-Frese', Executive Director, CT Association of School Based Health Centers, Inc.

06/15/16 – Held a follow-up conference call with Brooke Ehrenpreis, a consultant from the Primary Care Development Corporation assigned to work with Community Health Center Association of CT Inc. (CHCACT) to assist with implementation of A-SBIRT in SBHCs. Discussion included a review of current formal and informal relationships with community-based substance abuse treatment referral sources.

06/16/16 – Chaired the monthly meeting of the CT Association of School Based Health Center Board of Directors, Quinnipiac Valley Health District, and North Haven. State funding updates and Board nominations were discussed.

06/17/16 – Attended a CT Oral Health Initiative (COHI) Advocacy Group meeting in Farmington CT.

06/17/16 – Convened the final SBHC staff meeting and annual luncheon to review and celebrate the conclusion of the 2015-16 program year.

06/20/16 – Attended a CT Oral Health Initiative (COHI) Leadership meeting in Farmington CT. A discussion of the future leadership structure and a review of minutes and summary from the Sustainability Task Force was conducted.

06/22/16 – M. Bonjour and K. White, APRN attended the quarterly meeting of the Families Network of Western CT Advisory Board.

06/22/16 – Joined a webinar “*NCCOR Connect & Explore: Evaluating Health Care-Community Collaborations: Community Based Programs*” sponsored by the National Collaborative on Childhood Obesity Research.

06/23/16 – Attended a retirement luncheon for N. Munn, APRN who resigned from her position as medical provider at the RPMS SBHC effective June 30, 2016.

06/23/16 – Attended CIFIC Annual Community Recognition Gala held at Amber Room, Danbury.

06/25/16 – 06/29/16 – Attended the National School Health Alliance National Convention held in Arlington, VA.

06/30/16 – Participated in a SharePoint program overview for CIFIC Management staff lead by Dan Labrecque, CIFIC Compliance Officer.

## SBHC Clinical Staff

All SBHC staff completed and are current with required Relias training courses.

All staff continue with the transition to electronic health records (EHR). To date, all SBHC have “gone live” on the medical component of the EHR. Behavioral health staff will enter visit codes and move to full use of EHR as soon as the system is cloud based to assure operational efficiency and record safety, and continue to meet as a team to provider peer training on use of the system until a more formal, targeted training is held.



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Student satisfaction survey results were compiled at all sites into reports will be forwarded to the State DPH. Parent 6 satisfaction surveys were distributed to 100 randomly selected households per site via a variety of measures, with survey return dates due June 30<sup>th</sup>. Results of all responses received will be collated into a summary of findings and shared with site staff and DPH.

06/01/16 - N. Woering completed five (5) modules of the US Department of Veteran's Affairs National Center for PTSD. These modules completed the veteran's mental health component of the CT required CEUs for APRNs.

06/02/16 - NMS SBHC staff met to enter May COIN data into the data portal.

06/03/16 – N. Munn, RPMS APRN attended Danbury Hospital Grand Rounds. Topic: Risk Reduction & Controlled Substance prescribing.

06/09/16 - MA joined the "Cyber Security" Webinar presented by Edward Davis, President and CEO of Systems Support Group.

06/10/16 - J. Casey, LCSW attended a training on Motivational Interviewing.

06/14/16 – All SBHC Medical/Office Assistants convened a team meeting to review all required year-end reporting deliverables.

## SBHC Outcome Measures 07/01/15 – 06/30/16

During FY 2015-16, SBHC staff will collect patient data and report on the following DPH required outcome measures listed below. Outcome data results will be updated cumulatively and presented in the CIFIC monthly BOD reports. Additionally, data will be utilized to prepare an annual SBHC RBA Report Card and compared to 2014-15 data, noting trends in reasons for visit or patient outcomes.

Outcomes	Measures	Achievement of Outcome
Improve access to and utilization of primary and preventive health care and other essential public health services.	<p>a. There will be at least 70% percent (<b>40% for the NMS site</b>) of the school's student population enrolled in the SBHC. Enrolled means that a signed parent consent form for the student is on file.</p> <p>b. At least 45% of students enrolled in the SBHC will receive one or more visits.</p> <p>c. At least 80% percent of the student population will receive an outreach contact regarding services available at the SBHC (through distribution of literature, invitation to an open house or event, participation in an educational forum, social media, or other contact).</p>	<p>a. DHS has 96% enrollment as of 06/30/16</p> <p>b. 17% of DHS enrolled students rec. 1 or more visit as of 6/30/16</p> <p>c. 100% DHS students received outreach contacts as of 06/30/16</p> <p>a. BMS has 76% enrollment as of 06/30/16</p> <p>b. 15% of BMS enrolled students rec. 1 or more visits as of 06/30/16</p>



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		<p>c. 100% BMS students received outreach contacts as of 06/30/16</p> <p>a. RPMS has 79% enrollment as of 06/30/16</p> <p>b. 39% of RPMS enrolled students rec. 1 or more visits as of 06/30/16</p> <p>c. 100% students received outreach as of 06/30/16</p>

## DHS SBHC –

96% of school population is enrolled in SBHC. New registrants continue to be verified in PowerSchool and entered. The DHS SBHC staff continue efforts to collect new CIFIC registration forms from students.

100% of school population has received outreach contact.

On June 27<sup>th</sup>, K. White, DHS APRN with assistance of N. Kettner, MA began summer work providing scheduled appointments and walk-in hours for sports clearance physicals. Staff commenced review of 2,500+ registration forms and patient charts of DHS and incoming freshman students to determine if CIFIC permission forms were on file as the administration oversight will shift from the City of Danbury to CIFIC effective July 1, 2016.

**Bulletin board** for June was promoting SBHC summer hours and sports physicals. The board displays summer hours of operation as well as the weeks DHS SBHC is in session. There are registration forms available “to go” in a folder attached to the board (See photo below center).

## BMS SBHC –

Geri Alpert, Office Manager continues to review incoming registration forms and refer all uninsured students to the GDCHC Eligibility Specialists for assistance with Husky Applications through Access Health.

Updated CIFIC SBHC registration forms are being distributed to all BMS students who currently have COD forms on file to update student records and bring enrollment records into compliance.

School RN and Guidance Department continue to give out registration forms to any students without registration forms whom they think would benefit from SBHC services.

GDCHC contact information is included with every letter sent home to SBHC members who need immunizations and/or physical exams.

90% of parents are called by APRN after seeing their child, with the hope that a personal phone conversation will lend towards the establishment of a therapeutic relationship and in turn, increase word of mouth positive feedback regarding the SBHC with other parents.



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Broadview SBHC Birthday Program - once a month (for the previous month) students who celebrated a birthday were invited to drop by the SBHC for a treat (pencils and stickers), and if not currently registered, a registration form was given as well.

Year to date = Eleven (12) referrals to local PCPs for a medical home (10 GDCHC). Of note, 3 of these referrals to GDCHC did follow-through and are now patients. Year to date referrals to Access Health for Husky Insurance = 9.

Broadview is participating in the School Health Services National Quality Initiative (SHS NQI). The mission of this initiative is to build the capacity of SBHCs to adopt and report standardized performance measures to improve quality of care. The five performance measures are as follows: annual well-child visit; annual risk assessments; BMI assessment and nutrition/physical activity counseling; depression screening, and chlamydia screening. This is a 15 month project with monthly data collection. Mid-year data was collected and reported on 06/14/16.

On 04/08/16, the BMS SBHC staff and M. Bonjour traveled to the CT Association of SBHC headquarters in New Haven for an initial meeting to discuss a new project entitled "Patient-Centered School Based Health Care (PC-SBHC). Broadview applied for the honor to participate in this pilot and was selected along with the Branford SBHC team. As follow-up to the initial meeting, on 05/31/16, a group conference call with the Project Coordinator, Maia Bhirud, was held and all assessment data for the project was collected. On 06/13/16, a third telephone meeting occurred and the high risk diagnoses to focus on were identified. For medical, students with a BMI > 95%, and for mental health, the diagnosis of anxiety will be diagnosed and monitored using a specific care plan template on eClinicalWorks.

RPMS SBHC –

MA entered information from each SBHC registration (750) into an excel spreadsheet to utilize for current and future reporting purposes. Information entered included: name, birthdate, and grade, race, ethnicity, language, PCP, insurance and whether they were eligible for free lunch. This was a time consuming task but will be very useful for current and future report calculations. Of note, when the number of enrollees was verified by hand and compared to the Clinical Fusion number, there was a discrepancy of twenty-five (25) enrollees. The number of enrollees was corrected to reflect the hand counted number. This accounts for the decline in enrollees from May to June.

The "Fun Club" afterschool program run by the MA and the School Nurse met for the final time this school year on June 8. This was a celebration of a wonderful year of new skills learned, new friendships created, well wishes for the 8th graders moving up to the high school and summer fun! At an earlier in the year meeting, the girls had baked and sold cookies as a fundraiser for this last meeting! The girls were taken to JK's restaurant where they enjoyed an ice cream treat of their choice. The girls thoroughly enjoyed themselves and were saddened that it was the last time we would be meeting. They all said how much they enjoyed "Fun Club" and the 8th grade girls wished there was the same type of club at the high school. Prior to each girl leaving, MA gave them a packet of motivational/inspirational coloring pages that she put together in a folder with colored pencils as a summer fun activity.

MA prepared the charts of the students who will be leaving Rogers Park Middle School. Charts for students who will be attending Danbury High School will be transported to DHS, as well as, charts for Henry Abbott Tech students.

\*Selected as a DPH reportable outcome by the RPMS SBHC site only this program year.



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Outcomes	Measures	Achievement of Outcome 9
2. Reduce the occurrence of preventable disease among SBHC enrollees.	<p>a. Enrolled students will be immunized with vaccines recommended by Advisory Committee on Immunization Practices (ACIP) that are required by the State of CT. Annually the number of clinic users who received immunizations and the percentage of students behind in recommended intervals for immunizations who are brought up to date will be reported to the Department.</p> <p>b. The percentage of clinic users offered as well as the number who received Influenza Vaccine will be reported to the Department.</p> <p>c. The percentage of clinic users who received influenza prevention teaching will be reported to the Department.</p>	<p>a. One (1) required vaccine given in June (HepB).</p> <p>b. APRN informed 100% of all health classes of the flu vaccine availability for qualified students. Zero (0) influenza vaccine given in May.</p> <p>c. 100% of all RPMS students participating in reproductive and skin cancer classes conducted in June were given information on vaccine preventable illness, including HPV and influenza.</p>

Outcomes	Measures	Achievement of Outcome
3. SBHC enrollees will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral.	<p>a. 90% of school staff receives information about the mental health services offered through the SBHC.</p> <p>b. 85% of clinic users identified with a mental health concern through risk assessment screening receive a mental health assessment administered by the SBHC mental health clinician or are referred for appropriate assessment.</p> <p>c. 50% of clinic users receiving mental health services through the SBHC for at least three months or regular therapy demonstrate improved psychosocial functioning.</p> <p>d. 90% of clinic users identified as having mental health needs that exceed the scope of service provided by through the SBHC are referred to an outside mental health specialty service.</p>	<p>a. 100 % of BMS school staff were reached with SBHC information via direct contact and/or school mailings</p> <p>b. 100 % of BMS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool</p> <p>c. 88% of BMS students receiving MH services 3mth or &gt; demonstrated improved psychosocial functioning</p> <p>d. 100% of BMS students requiring additional intervention by community-based provider received referral</p> <p>a. 100 % of DHS school staff were reached with SBHC information via direct contact and/or school mailings</p> <p>b. 99% of DHS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool</p> <p>c. 90% of DHS students receiving MH services 3mth or &gt; demonstrated</p>



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		<p>improved psychosocial functioning 10 (LOF/GAF scores)</p> <p>d. Zero (0) DHS students required additional intervention by community-based provider during June.</p> <p>a. 100 % of RPMS school staff were reached with SBHC information via direct contact and/or school mailings</p> <p>b. 100 % of RPMS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool</p> <p>c. 100% of RPMS SBHC users receiving mental health services for therapy for 3 mths or &gt; showed improved psychosocial functioning. Of the 11 unduplicated users seen in June, 6 had been seen in the SBHC for 3 mths or longer. All showed improved or maintained stable psychosocial functioning; both students were dealing with life circumstances that impacted stability. One family lost their housing and was staying with relatives on a temporary basis; one was dealing with significant marital discord.</p> <p>d. In the month of June zero (0) RPMS students were identified as having mental health needs that exceed the scope of services provided by the SBHC and was referred to a community provider.</p>
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## DHS SBHC –

DHS seniors completed the 2015-16 school year on June 2nd and all others on June 9<sup>th</sup>. As a result, following that date, DHS clinician had no more direct treatment contacts, but indirect/phone contact with select patients. The DHS clinician called *Escape to the Arts* because the program has wonderful volunteer opportunities for young people. This would provide an opportunity to have volunteer experience that will help when looking for work or applying for college, a place to go rather than sitting home, and an outlet for some of the DHS clinicians' artistic and creative clients. There were also a number of contacts with clients regarding summer plans and/or post-graduation plans as well as treatment concerns. This also included collateral contact with parents. School staff such as Domitila Pereira, Administrator, also reached out to discuss a recent graduate who was a client of the DHS clinician. Two cases, one of which involved a DCF referral and another which was referred to FCA secondary to a hospitalization, has required continued coordination of services between



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SBHC and these community organizations in order to ensure that treatment needs are met. In another case, this meant 11 coordination with Denise Chance of city welfare. Finally, for students needing a new medical home, for example, referrals were made to GDCHC.

## BMS SBHC –

During the month of June 2016, the SBHC LCSW had a total of twenty-eight (28) student visits, with seven (7) group visits and twenty-one (21) individual visits. The focus was on termination and assuring that students had appropriate support for the summer months. There were three (3) contacts with parents. The required year end reports were completed in June.

Counselor has been working with a parent of a student going through a difficult time; they have lost their home and staying with relatives, temporarily. Mom and daughter already have a conflicted relationship. Counselor triaged with School Social Worker to get her assistance for a camp this summer. Funds were paid by a school program that assists temporarily homeless students.

Due to a re-enrollment application done by CIFC, with Medicaid, a new behavioral health Medicaid number and NPI number were issued. This resulted in a need to re-create new behavioral health authorization requests for ALL students insured through Medicaid. The counselor was required to complete 18 of these during the month of May. The remaining 5 authorizations were completed in June. Unfortunately, this is a time consuming process.

Discharge summaries were written for all students seen for behavioral health throughout this school year. There were 68 summaries written by the Counselor in June.

## 4. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.

\*Selected as a 2015-16 outcome measure for BMS SBHC only.

Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.	<ul style="list-style-type: none"> <li>a. 90% percent of clinic users with asthma have a written asthma action plan.</li> <li>b. 80% percent of clinic users compliant with a written asthma action plan show improvement in symptoms as documented by a health care provider in the medical record.</li> <li>c. There is a 20% percent decrease in urgent visits (visits by clinic users seen in the School Based Health Center due to asthma symptoms) as assessed by clinician notes, Electronic Health Record, or Data Base.</li> <li>d. 90% percent of clinic users with asthma have a documented flu vaccine.</li> <li>e. The number of clinic users with asthma that report a reduction in admissions to the hospital Emergency Department during the school year is increased by 20% percent.</li> </ul>	**See notes below for BMS outcome measure findings
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## BMS SBHC \*\*\_

100% of students who presented to SBHC APRN with a diagnosis of asthma or who reported asthma in the medical history, received an asthma action plan if not done by PCP. June = 0; Year to date =28.

Any student with a medical history of asthma whom does not have an albuterol inhaler and spacer with the school RN was given a medical authorization form and prescription for both (or sample, if applicable). June = 0; Year to date = 28.



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The school nurse's database revealed 95 students at Broadview Middle School have asthma. The database revealed 12 seventy-nine (79) members have an asthma diagnosis. The lists were cross-checked and twenty-one (21) students on the nurse's list were not SBHC members. These twenty-one (21) students were sent home registration forms with a letter highlighting our services in general with an emphasis on asthma management. In total, five (5) students have been registered as a result of this effort.

- 5. Reduce the proportion of SBHC users with obesity.  
(Not selected as a specific measure this program year)
- 6. Reduce the occurrence of STDs among student SBHC enrollees.  
\*Selected by DHS SBHC only as a 2015-16 outcome measure

Outcomes	Measures	Achievement of Outcome
6. Reduce the occurrence of STDs among student SBHC enrollees	a. 85% of sexually active students are screened for STDs.	32 DHS students as of 06/24/16 were screened for GC/CT which was 100% of those reporting sexual activity

During the month of June, all students who report sexual activity will be screened for chlamydia and gonorrhea using urine based testing method unless they report screening elsewhere in the last 90 days. The SBHC collaborates with the CT DPH STD Division and the State Lab to screen sexually active students. Students will be referred to the Dr. Foye, MD at GDCHC, Planned Parenthood, the AIDS Project of Greater Danbury, the Danbury STI clinic and local GYN offices for additional services as needed.

### RPMS SBHC –

Four (4) reproductive classes were given to two (2) eighth grade health classes in June reaching forty-nine (49) total students.

- 7. Increase access to and utilization of primary and preventive oral health care and other essential oral public health services to improve the health status of SBHC enrollees.  
(Not selected as a measure this program year)

### News/Case Studies from the Field:

\*A 14 year old male presented to the SBHC appearing very depressed, complaining of abdominal pain and concerns about appendicitis. Student has a past medical history of multiple somatic complaints and mental health issues including anxiety, depression and anger. The student has family stressors including separated parents living in two different towns. Student's abdominal pain was evaluated and the student was reassured and was able to return to class. The APRN contacted the mother to discuss the child's GI complaints but more importantly to express concerns about the child's mental health issues and suggested referral to the SBHC behavioral health provider for further assessment.

\*C. Cunningham, LPC at the RPMS SBHC submitted two thank you letters written by students participating in group counseling sessions. The letters document the value the students find in receiving services through the SBHC. (See attached correspondence)

\*N. Munn, APRN resigned from her position at the RPMS to begin her retirement. In anticipation of her departure, all ADD/ADHD students who were evaluated and received medication prescriptions written through SBHC have a plan in place for either their primary medical provider or the high school SBHC medical clinician to follow them. The parents were notified. Students whose medications were paid for through Valley Presbyterian Church's medical fund will pay for their own medication, or contact the SBHC for financial assistance.

\*Valley Presbyterian Medical Fund: An X-ray for \$435 was paid for as parents didn't have insurance and couldn't afford to pay for it. Two student's ADHD medications were paid for (\$114).

BMI: Since the start of 2015-16 school year, 332 students had their BMI recorded. Of those, 55% were between the 5-85th percentile, with 20% overweight and 24% obese. One student is underweight-1%. Students are informed of their BMI status and what it means and ways to eat healthy and exercise. (See attached graph print-out.)